

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/		/				51					
2		/		/			52					
3			/				53					
4		3		/			54					
5		2		/			55					
6		1		/			56					
7		1		/			57					
8		1		/			58					
9		1		/			59					
10		1		/			60					
11		1		/			61					
12		1		/			62					
13		1		/			63					
14		1		/			64					
15		1		/			65					
16	/		/				66					
17	/		/				67					
18		/		/			68					
19		1		/			69					
20		1		/			70					
21		1		/			71					
22		1		/			72					
23		1		/			73					
24	/		/				74					
25	/		/				75					
26			/				76					
27				/			77					
28							78					
29							79					
30							80					
31							81					
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34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.							TOTAL IND.					
TOTAL DEP.							TOTAL DEP.					
TOTAL CLAIMS							TOTAL CLAIMS					